

Docket: 6944

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named

Inventor:

Badri Prasad

Application No.:

09/733,215

Filing Date:

December 8, 2000

Method for High-Risk Member

Title:

Identification

Examiner:

Unknown

Group Art Unit:

2166

INFORMATION DISCLOSURE STATEMENT **UNDER 37 C.F.R. § 1.97(B)**

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450 I hereby certify that this document is being sent via First Class U.S. mail addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1540 on this at day of Acre . 2003.

(Signature)

Dear Sir:

Pursuant to 37 C.F.R. § 1.97(b), the references listed on the attached Form PTO-1449 (1 sheet, submitted in duplicate) are brought to the attention of the Examiner for consideration in connection with the examination of the above-identified patent application. Copies of the identified references are enclosed as necessary. This IDS is being filed before the mailing of a first office action on the merits. In accordance with 37 C.F.R. § 1.97(b), no statement or fee is required.

Respectfully submitted,

DORSEY & WHITNEY LLP **Customer Number 25763**

Date: 4-21-03

By:

ason R. Kraus (Reg. No. 42,765) Intellectual Property Department Suite 1500, 50 South Sixth Street Minneapolis, MN 55402-1498

(612) 340-6317

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PTO/SB/08A (10/01) (modified)
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Substitute for form 1449A/PTO Application Number 09/733,215 Filing Date December 8, 2000 INFORMATION DISCLOSURE First Named Inventor Badri N. Prasad STATEMENT BY APPLICANT Art Unit 2166 (use as many sheets as necessary) **Examiner Name** Unknown Sheet 1 1 of Attorney Docket Number 6944 U.S. PATENT DOCUMENTS Pages, Columns, Lines, **DOCUMENT NUMBER Publication Date** Name of Patentee or Where Relevant Passages or Initials No. Number - Kind Code (if known) MM-DD-YYYY Applicant of Cited Document Relevant Figures Appear 11/10/1998 5,835,897 Dennis K. Dang US-Douglas G. Cave et al. 5,970,463 10/19/1999 US-6,370,511 04/09/2002 Dennis K. Dang US-US-US-US-US-US-FOREIGN PATENT DOCUMENTS FOREIGN PATENT DOCUMENT TRANSLATION Number - Kind Code Pages, Columns, Lines, Country **Publication Date** Name of Patentee or Where Relevant Passages Code: (if known) Initial MM-DD-YYYY Applicant of Cited Document or Relevant Figures Appear NO YES RECEIVED APR 3 0 2003 **EXAMINER SIGNATURE** DATE CONSIDERED *EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.